

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled USING CHEST VELOCITY TO PROCESS PHYSIOLOGICAL SIGNALS TO REMOVE CHEST COMPRESSION ARTIFACTS, the specification of which:

- ☐ is attached hereto.
☒ was filed on February 24, 2004 as Application Serial No. 10/786,359 and was amended on _____
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
10/704,366	11/06/03	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: G. Roger Lee, Reg. No. 28,963.

Direct all telephone calls to G. ROGER LEE at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: GARY A. FREEMAN

Inventor's Signature: Gary A. Freeman Date: 3/18/04

Residence Address: Newton Center, MA

Citizenship: US

Post Office Address: 47 Stearns Street
Newton Center, MA 02159

Full Name of Inventor: QING TAN

Inventor's Signature: Qing Tan Date: 3/18/04

Residence Address: Somerville, MA

Citizenship: People's Republic of China

Post Office Address: 354 Highland Ave Apt# 1
Somerville, MA 02144

Full Name of Inventor: FREDERICK GEHEB

Inventor's Signature: Frederick J. Gehlb Date: 3/18/04

Residence Address: Danvers, MA

Citizenship: USA

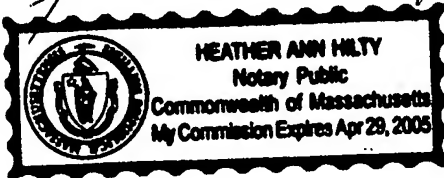
Post Office Address: 18 Carolyn Drive
Danvers, MA 01923

20824731.doc

Essex, SS

3-18-2004

Heather Ann Hilty



MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Essex } ss.On this the 18 day of March, 2004, before me,Heather Ann Hilty, the undersigned Notary Public,
Name of Notary Publicpersonally appeared Gary A. Freeman,
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

Personally Known,
Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s.)

☐ as partner(s) for _____
Name of Partnership

_____, a partnership.

☒ as Vice President, Clinical Affairs for
Title of OfficeZoru Medical, a corporation.
Name of Corporation☐ as attorney in fact for _____
Name of Principal Signer

_____, the principal.

☐ as _____ for _____
Type of Capacity_____, a/the _____
Name of Person/Entity Type of EntityHeather Ann Hilty
Signature of Notary PublicHeather Ann Hilty
Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires April 29, 2005**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Declaration + Power of AttorneyDocument Date: 2-24-04 Number of Pages: 2

Signer(s) Other Than Named Above: _____

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of Signer**

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MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

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Name of Notary Publicpersonally appeared Quing Tan,
Name(s) of Signer(s)

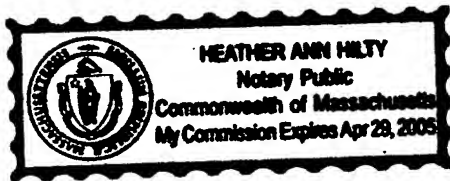
proved to me through satisfactory evidence of identity, which was/were

Personally Known,
Description of Evidence of Identityto be the person(s) whose name(s) is/are signed on the preceding or attached document, and
acknowledged to me that he/she/they signed it voluntarily for its stated purpose(.)☐ as partner(s) for _____
Name of Partnership

_____, a partnership.

☒ as Biomedical Engineer for
Title of Office
2000 Medical Corp, a corporation.
Name of Corporation☐ as attorney in fact for _____
Name of Principal Signer

_____, the principal.

☐ as _____ for _____
Type of Capacity_____, a/the _____
Name of Person/Entity Type of EntityHeather Ann Hilty
Signature of Notary PublicHeather Ann Hilty
Printed Name of NotaryMy Commission Expires April 24, 2005

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Name(s) of Signer(s)proved to me through satisfactory evidence of identity, which was/were
personally known
Description of Evidence of Identityto be the person(s) whose name(s) is/are signed on the preceding or attached document, and
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Name of Partnership

_____, a partnership.

☒ as Director, Advanced Dev. for
Title of OfficeZoll Medical, a corporation.
Name of Corporation☐ as attorney in fact for _____
Name of Principal Signer

_____, the principal.

☐ as _____ for _____
Type of Capacity_____, a/the _____
Name of Person/Entity Type of EntityHeather Ann Hilty
Signature of Notary PublicHeather Ann Hilty
Printed Name of Notary

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